

Contents

Overview	2
<i>URGENT ADMISSIONS and EMERGENT PATIENTS:</i>	2
Emergency Department	2
Urgent Admissions	2
<i>ELECTIVE SERVICES (Lab, Outpatient, etc)</i>	2
Lab	2
Outpatient	3
Radiology	3
<i>VA Plan Codes</i>	3

Overview

Any Patient that has VA Benefits must be authorized to be admitted to our facility. Veterans' Benefits does not automatically cover all admissions for these patients. When permission from the VA to treat the patient here is denied or if the patient does not want to be transferred, the VA will not be responsible for payment. VA will not pay as a secondary insurance to any other insurance, so it MUST be entered into the primary insurance tab.

URGENT ADMISSIONS and EMERGENT PATIENTS:

All urgent admissions and emergency room patients receiving VA benefits and wanting us to bill the VA must be registered with the Optum VACCN insurance plan as the primary insurance. Notification is required within 72 consecutive hours to the local VA for all urgent and emergent patients with VA benefits. To provide a complete and accurate notification to the center, the following registration areas are responsible for the following:

Emergency Department

1. ASK ALL patients if they receive VA benefits and would like VA billed for services.
2. If yes, enter the Optum VACCN insurance plan as the primary insurance coverage.
3. Add any other insurance coverage patient has as secondary, tertiary, etc.
4. In the ENCOUNTER COMMENTS must enter reason for visit and patient mode of arrival in notes.

Urgent Admissions

Direct Admissions:

1. Updater to ask ALL direct admit patients if they receive and qualify for VA benefits and if they would like VA billed for services.
2. If yes, enter the Optum VACCN insurance plan as primary and other insurance as secondary, tertiary, etc.
3. In the ENCOUNTER COMMENTS must enter reason for visit, where the patient is coming from, and mode of transportation in notes.
4. If patient is coming in as a scheduled direct admit, authorization must be obtained and provided by admitting doctor's office. Enter this authorization into authorization fields and enter into insurance summary comments.

ED Admissions:

1. If advised by Case Management within 72 hours window that patient would like VA billed, update registration appropriately and notify the Patient Access Representative to have notification submitted.
2. If advised outside 72 consecutive hour window, advise Case Management that we are unable to obtain authorization for the visit because it is outside the allowable notification window

ELECTIVE SERVICES (Lab, Outpatient, etc)

All patients presenting to these locations MUST have a prior authorization to proceed with receiving services if VA is to be billed.

Lab

1. You must have the authorization to proceed if VA is to be billed.
 - a. Check for order or fax containing authorization information.
 - b. If nothing found in the system, look for authorization on the Optum website or call ordering doctor's office to obtain and enter.

2. Some authorizations may be from TriWest because they were obtained before 2/20/2020. If the auth paper work states TriWest, enter TriWest in the primary insurance field and enter authorization information into auth fields.
3. If auth was obtained by office after 2/20/2020, we need to bill the Optum VACCN insurance plan primary and follow the above instruction to add auth and pend account to be verified.

Outpatient

1. For surgical and Endo registrations, you must obtain auth from surgeons office, verify, and enter appropriately into account.
2. Request fax of ALL VA auth paperwork to be faxed to Patient Access to verify auth covers what is being scheduled.
 - a. If no auth 48 hours prior to services, surgery must be cancelled unless instructed by manager/supervisor or patient would prefer to go through their other insurance.
3. If patient requests to have other insurance billed instead, that insurance must be verified and auth obtained if required.
 - a. If no auth 48 hours prior to surgery for patient's other insurance, services must be cancelled unless instructed by manager/supervisor.

Radiology

1. For radiology registrations, you must obtain auth from ordering doctor's office.
 - a. Check the system for order or fax containing authorization information
 - b. If nothing in the system, look for authorization on the Optum website or call ordering doctor's office to obtain, have VA auth paperwork faxed to Patient Access.
2. Some authorizations may be from TriWest because they were obtained before 2/20/2020. If the auth paper work states TriWest, enter TriWest in the primary insurance field and enter authorization information into auth fields and pend account so Lobby can verify.
3. If auth was obtained by office after 2/20/2020, we need to bill the Optum VACCN insurance plan primary and follow the above instruction to add auth and pend account to be verified.
 - a. If no auth 48 hours prior to services, follow above process for surgery for cancellation/ bill other insurance.

VA Plan Codes

These are the plan codes that should be used to register patients at each site.

Site	Plan Code
Bay	VACCNO
Central	VACCNO
Flint	VACCNO
Karmanos	
Lansing	VACCNO
Lapeer	VACCNO
Macomb	VACCNO
Northern	VA CCN Optum
Oakland	VACCNO
Port Huron	VACCN